

Obtaining Prior Authorization for Prescriptions

If you've ever had questions about how to obtain prior authorization for prescriptions, what forms are required and where to get them, the following is a guide for obtaining authorization through TRICARE.

Medications Requiring Prior Authorization

Prior authorization and/or validation of medical necessity may be required for prescription coverage under several circumstances, including:

- Certain medications as designated by the Department of Defense (DoD) Pharmacy and Therapeutics Committee
- Medications that have the potential for inappropriate use
- Medications used for conditions not covered by TRICARE
- Medications with more cost-effective equivalents having similar or better clinical effectiveness, available on the Uniform Formulary
- Brand-name medications with generic equivalents
- Medications with quantity limits when a greater amount is needed
- Medications with age and/or gender limitations
- Active duty service members who require a medication designated non-formulary (Tier 3) under the DoD Uniform Formulary

To determine formulary status, copayment, availability, prior authorization, and quantity or age/gender limits for specific medications, use the DoD Formulary Search Tool at www.tricareformularysearch.org.

To validate medical necessity for a brand-name medication when a generic equivalent is available or to justify exceptions to quantity limits or age/gender limits, call 1-866-684-4488 for prescriptions to be filled through a TRICARE network retail pharmacy or include relevant clinical information with prescriptions to be filled through the TRICARE Mail Order Pharmacy.

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Shingles Vaccine Available to TRICARE Beneficiaries Age 60 and Older

Following an October 2007 recommendation from the Centers for Disease Control and Prevention (CDC), TRICARE now covers the shingles vaccine Zostavax for TRICARE beneficiaries 60 and older. Beneficiaries must have vaccinations administered in a provider's office. Zostavax is covered under the TRICARE medical benefit and is not reimbursable under the pharmacy benefit.

Shingles affects more than 1 million Americans every year. More than half of all shingles cases occur in those 60 years of age and older, prompting the CDC to recommend that providers administer a single dose of the shingles vaccine to all patients in this population.

Shingles is caused by the varicella-zoster virus (VZV), which is the same virus that causes chicken pox in children. It remains in the body for decades, dormant in nerve cells along the spinal column. Extremely painful, shingles can be accompanied by fever, headache, chills and upset stomach. A shingles rash usually appears on one side of the face or body, which can last between two and four weeks.

For more information on shingles and the vaccine, visit the CDC Web site, www.cdc.gov/vaccines/vpd-vac/shingles/ or www.triwest.com. ■



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Non-Formulary (Tier 3) Medications and Military Status

Designation of a medication as “non-formulary,” also known as Tier 3 under the Uniform Formulary, impacts active duty service members (ADSMs) differently than active duty family members (ADFMs), retired service members and their family members, and other TRICARE-eligible individuals.

TRICARE **will not cover** a non-formulary (Tier 3) medication for an ADSM (who pays no copayment) unless it is determined to be medically necessary **in lieu of** all similar alternatives on the Uniform Formulary.

ADFMs, retired service members and their families may obtain non-formulary (Tier 3) medications at the \$22 Tier 3 copayment **without** medical necessity determination. However, they may receive a non-formulary (Tier 3)

medication at the \$9 formulary (Tier 2) copayment **if** it is determined to be medically necessary **in lieu of** all similar alternatives on the Uniform Formulary.

Forms and Contact Numbers

Prior authorization and medical necessity criteria and forms are accessible via the Formulary Search Tool Web site at www.tricareformularysearch.org. These forms apply only to prescriptions filled through retail network pharmacies or the mail-order program. Military treatment facility (MTF) pharmacies may follow different procedures.

The top of each form, there is information on where to send the completed form. For assistance in completing prior authorization or medical necessity forms, please call 1-866-684-4488. ■

Skin Tag Removal: When Is It Covered?

If you are a dermatologist treating referred TRICARE beneficiaries, you may perform procedures to remove skin tags (achrochordons) from patients. Depending upon the circumstances, the removal of a given skin tag may be based on medical necessity or driven by a patient's cosmetic concerns. TRICARE policy is very specific about covering skin tag removal only when it is a medically necessary procedure. It is important for you to be aware when a removal procedure will qualify for coverage so that you can notify your patients upfront, and subsequently avoid claims processing and reimbursement issues.

The removal of skin lesions should be considered cosmetic and therefore not a covered TRICARE benefit **unless** medically proven otherwise. However, removing a skin tag that exists on the upper eyelid and obstructs the beneficiary's visual field would be considered medically necessary, not cosmetic. Other valid indicators that may allow a skin lesion to be removed include:

- Lesions with irregular borders (i.e., not round at the base, but with angular margins or “pigment leakage” into surrounding skin)
- Lesions with recently documented size, shape and/or color changes
- Lesions that exist in areas traumatized by clothing (e.g., under a collar area, bra strap, waistband, etc.)
- If the lesion is a wart or plantar wart

TriWest Healthcare Alliance Corp. has determined that if the skin tag or lesion meets the valid indicators for removal, an authorization is no longer needed. Removal will be bundled with the office visit claim. For more information about covered services and prior authorizations, visit www.triwest.com or call 1-888-TRIWEST (1-888-874-9378). ■

Skin Tag Removal Coverage Example

During an appointment for an authorized dermatology procedure, a TRICARE beneficiary asks that you also remove a skin tag. If you choose to do so and there is no medical justification, it is considered cosmetic in nature and not covered under TRICARE. You will likely encounter additional claims problems if the services billed exceed the services authorized. Moreover, you may not receive payment if you did not obtain a signed *Waiver of Non-Covered Services* form from the beneficiary first. (**Note:** This waiver applies to non-active duty beneficiaries only. It is never appropriate to use a *Waiver of Non-Covered Services* form for active duty service members.)

Help TRICARE Beneficiaries Avoid Unnecessary Costs

Prevent Balance Billing Issues; Always Use Network Providers!

Please help your TRICARE patients avoid unnecessary out-of-pocket costs, balance billing issues and other service issues by always referring them to TRICARE network providers.

Radiology

Always use network radiology providers. Refer to www.triwest.com/provider and search by “Facility” or “Specialty.”

Laboratory

Always use network laboratories, including LabCorp and Quest Diagnostics, Inc.

Go to www.triwest.com/provider and search by “Group Name,” “Facility” or “Specialty” to find a network laboratory. If searching by Specialty, select “Clinical Medical Laboratory.” If searching for LabCorp or Quest Diagnostic locations, you may link to their respective Web site. No login is required.

HPV

The human papillomavirus (HPV) test is covered under TRICARE if it is ordered as a follow-up test to an abnormal Pap test result. The HPV test is **not** covered if it is performed at the same time as a routine Pap. Network labs performing the

HPV test simultaneously with the initial Pap for TRICARE Prime beneficiaries are required to write off the charges.

Genetic Testing

Genetic testing requires prior authorization from TriWest Healthcare Alliance Corp. Refer to www.triwest.com for the prior authorization list. The referring physician should submit the request to TriWest.

If a specific lab is not requested by the referring physician, TriWest will identify an appropriate genetic testing lab. To find other genetic testing laboratories, refer to the Find a Provider tab and search by “Facility” or “Specialty.”

- For information on genetic testing performed by LabCorp, go to www.labcorp.com/dos.
- For information on genetic testing performed by Quest Diagnostics, go to www.questdiagnostics.com and select “Ob/Gyns” from the Services menu and then click on “Genetic Testing.”

Genetic laboratories should review the Government No Pay List at www.triwest.com or www.tricare.mil to ensure services are covered before they are provided.

For additional information, visit www.triwest.com/provider or call 1-888-TRIWEST (1-888-874-9378). ■

New TRICARE Provider Seminars Now Underway

TriWest Healthcare Alliance Corp. is now offering the spring 2008 series of TRICARE provider educational seminars throughout the 21-state TRICARE West Region. The seminars, which began in March and run through mid-June, furnish providers and their staffs with the latest information on TRICARE programs, policies and procedures.

Even if you have previously attended a TRICARE seminar, attending a spring seminar will be beneficial. New TRICARE information and additional reference tools will be covered.

Seminars are scheduled for both medical/surgical and behavioral health providers. By registering online, providers will benefit from the following:

- E-mail confirmation of your registration
- Reminder e-mail notice prior to the scheduled seminar
- Eligibility to participate in a drawing for a small prize

Visit www.triwest.com to find the dates, times and locations of the seminars nearest to you! ■

TriWest Healthcare Alliance Corp.
P.O. Box 42049
Phoenix, AZ 85080

CONTACTS

TriWest Customer Service
1-888-TRIWEST
www.triwest.com

TRICARE Alaska Office
(Alaskan providers only)
1-907-743-1800

Wisconsin Physicians Service
(Electronic claims set up only)
1-800-782-2680

Express Scripts, Inc. (ESI)
(Pharmacy inquiries)
1-866-DoD-TRRX
1-866-DoD-TMOP
www.express-scripts.com/TRICARE

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Resolving Claims Errors: Work within the TRICARE System

A simple claim error can lead to a complicated and stressful situation for you, your staff and the TRICARE beneficiary involved. Such situations are further complicated when debt collection agencies become involved. When a claims problem occurs, you'll often see quicker results if you work directly within the TRICARE system by collaborating with your regional contractor, claims processor and beneficiary advocates.

Both network and non-network providers are encouraged to explore every possible means to resolve claims issues without involving debt collection agencies.

In the TRICARE West Region, TriWest Healthcare Alliance Corp. and Wisconsin Physicians Service (WPS) are your first points of contact for resolving claims issues. In most instances, TriWest and WPS will be able to resolve your issue or concern. Call TriWest at 1-888-TRIWEST (1-888-874-9378).

If the problem cannot be resolved at this level, encourage your patients to contact a TRICARE beneficiary advocate. Beneficiary counseling and assistance coordinators (BCACs) and debt collection assistance officers (DCAOs) can help the beneficiary better understand their benefit and help them understand and resolve claims issues.

DCAOs, in particular, help beneficiaries evaluate the validity of collection agency claims and/or the negative credit reports that sometimes result from them. Sometimes, when acting as the beneficiary advocate, the DCAO may even contact you. Any information you can provide to expedite resolution is greatly appreciated.

BCACs and DCAOs are located at TRICARE Regional Offices and at military treatment facilities (MTFs). To find a BCAC or DCAO near you, call the closest MTF or search the online BCAC/DCAO Directory at www.tricare.mil/bcacdcao. ■

Common Claims Errors

To help avoid claim errors, double-check the accuracy of the following before submitting a claim:

- Correct beneficiary address
- Correct Social Security number (SSN)—Use the SSN of the military “sponsor” or the eligible former spouse.
- Correct procedure and diagnosis codes